

Tennessee Board for Licensing Contractors
Mailing Address: 500 James Robertson Pkwy.
Nashville, TN 37243-1150
Telephone: 800-544-7693 or Fax: (615) 532-2868
Email: Contractor.Renewal@state.tn.us

NOTICE - QUALIFYING AGENT REMOVAL

LICENSE INFORMATION:

License ID# 000_____

License Name:_____

Address:_____

City, State and Zip:_____

QUALIFYING AGENT (QA) INFORMATION:

Name:_____ SS#:_____

Address:_____

Designated Classification:

☐ Residential (BC-A) ☐ Commercial (BC-B) ☐ Small Commercial (BC-b{sm})

☐ BC (Residential, Commercial & Industrial) ☐ Industrial (BC-C) ☐ Electrical (CE) ☐ Plumbing (CMC-A)

☐ HVAC (CMC-C) ☐ Full Mechanical (CMC)-Plumbing/ HVAC ☐ Fire Sprinkler

☐ Specialty:_____

Other:_____

Last Day of Employment: ____/____/____
Month Day Year

This is to acknowledge I am no longer acting as the qualifying agent of the above referenced contractor.

Signature

Date

Note: You may send this notice to the above mailing address, fax or email.